

IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA

CASE MANAGEMENT TRACK DESIGNATION FORM

Telephone	FAX Number	er	E-Mai	il Addr	ess		
Date	Deputy Cle	erk	Attor	ney foi	-		•
MAY - 6 2019	Oal Man		Attou	nov for			
(f) Standard Manageme	ent – Cases that do n	ot fall into a	any one of the o	other tr	acks.	550	(⊠)
(e) Special Management commonly referred t the court. (See reven management cases.	to as complex and tl	hat need spe	ecial or intense	manag	ement by		(□)
(d) Asbestos – Cases inv exposure to asbesto:		ersonal injui	y or property (damage	from		(□)
(c) Arbitration – Cases r	equired to be desig	nated for ar	bitration unde	r Local	Civil Rule	53.2.	(□)
(b) Social Security – Cas Services denying pla			ion of the Secre	etary of	Health an	d Hum	an (□)
(a) Habeas Corpus – Cas	es brought under 2	8 U.S.C. § 22	241 through § 2	2255.		((□)
SELECT ONE OF THE FO	OLLOWING CASE M	IANAGEME	NT TRACKS:				
In accordance with the C plaintiff shall complete time of filing the compla on the reverse side of th regarding said designati of court and serve on th Form specifying the trac	a Case Management int and serve a coping is form.) In the evention, that defendant e plaintiff and all o	nt Track De y on all defe nt that a de shall, with ther parties	esignation Form andants. (See § fendant does n its first appear , a Case Manag	n in all 1:03 o ot agre ance, s ement	civil case f the plan e with the ubmit to t Track Des	es at the set fort plainti the cler ignatio	ie :h ff ·k
Trump, et. al.							
v.		:		NO.	19	1	97
Schwartz : CIVIL ACTION							

Case 3:19-cv-00074-KRG-KAP Document 2 Filed 05/06/19 Page 2 of 24

UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA

19

1975

4,65

DESIGNATION FORM

(to be used by counsel or pro se plaintiff to indicate the category of the case for the purpose of assignment to the appropriate calendar)

Address of Plaintiff: 425 Inlertown R	Road, Bedford, PA 15522
Address of Defendant:	
Place of Accident, Incident or Transaction:	
1 1400 01 7100,400, 2101,400 01 2,400	
RELATED CASE, IF ANY:	
Case Number: Judge:	Date Terminated:
Civil cases are deemed related when Yes is answered to any of the following ques	stions:
Is this case related to property included in an earlier numbered suit pending of previously terminated action in this court?	or within one year Yes No
2. Does this case involve the same issue of fact or grow out of the same transac pending or within one year previously terminated action in this court?	
 Does this case involve the validity or infringement of a patent already in suit numbered case pending or within one year previously terminated action of the 	his court?
4. Is this case a second or successive habeas corpus, social security appeal, or p case filed by the same individual?	
I certify that, to my knowledge, the within case is / is not related to an this court except as noted above.	
DATE: 05/06/2019 Dul Miland	Loro Se Plaintiff Attorney I.D. # (if applicable)
Attorney-at-Law / Pi	ro Se Plaintiff Attorney I.D. # (if applicable)
CIVIL: (Place a √ in one category only)	
A. Federal Question Cases: B.	Diversity Jurisdiction Cases:
1. Indemnity Contract, Marine Contract, and All Other Contracts 2. FELA	Insurance Contract and Other Contracts Airplane Personal Injury
3. Jones Act-Personal Injury	3. Assault, Defamation
4. Antitrust	4. Marine Personal Injury 5. Motor Vehicle Personal Injury
6. Labor-Management Relations	
7 Civil Digite 550	6. Other Personal Injury (Please specify):
✓ 7. Civil Rights 550✓ 8. Habeas Corpus	7. Products Liability 8. Products Liability – Asbestos
8. Habeas Corpus 9. Securities Act(s) Cases	7. Products Liability
8. Habeas Corpus 9. Securities Act(s) Cases 10. Social Security Review Cases 11. All other Federal Question Cases	7. Products Liability 8. Products Liability – Asbestos 9. All other Diversity Cases
8. Habeas Corpus 9. Securities Act(s) Cases 10. Social Security Review Cases	7. Products Liability 8. Products Liability – Asbestos 9. All other Diversity Cases
8. Habeas Corpus 9. Securities Act(s) Cases 10. Social Security Review Cases 11. All other Federal Question Cases (Please specify): ARBITRATION	7. Products Liability 8. Products Liability – Asbestos 9. All other Diversity Cases
8. Habeas Corpus 9. Securities Act(s) Cases 10. Social Security Review Cases 11. All other Federal Question Cases (Please specify): ARBITRATION	7. Products Liability 8. Products Liability – Asbestos 9. All other Diversity Cases (Please specify): CERTIFICATION ve the case from eligibility for arbitration.)
8. Habeas Corpus 9. Securities Act(s) Cases 10. Social Security Review Cases 11. All other Federal Question Cases (Please specify): ARBITRATION (The effect of this certification is to remote	7. Products Liability 8. Products Liability – Asbestos 9. All other Diversity Cases (Please specify): CERTIFICATION ve the case from eligibility for arbitration.)
8. Habeas Corpus 9. Securities Act(s) Cases 10. Social Security Review Cases 11. All other Federal Question Cases (Please specify): ARBITRATION (The effect of this certification is to remot I,, counsel of record or pro se plain Pursuant to Local Civil Rule 53.2, § 3(c) (2), that to the best of my kno	7. Products Liability 8. Products Liability – Asbestos 9. All other Diversity Cases (Please specify): CERTIFICATION ve the case from eligibility for arbitration.)
8. Habeas Corpus 9. Securities Act(s) Cases 10. Social Security Review Cases 11. All other Federal Question Cases (Please specify): ARBITRATION (The effect of this certification is to remote specification). I,, counsel of record or pro se plain Pursuant to Local Civil Rule 53.2, § 3(c) (2), that to the best of my known exceed the sum of \$150,000.00 exclusive of interest and costs: Relief other than monetary damages is sought. DATE:	7. Products Liability 8. Products Liability – Asbestos 9. All other Diversity Cases (Please specify): CERTIFICATION we the case from eligibility for arbitration.) htiff, do hereby certify: owledge and belief, the damages recoverable in this civil action case
8. Habeas Corpus 9. Securities Act(s) Cases 10. Social Security Review Cases 11. All other Federal Question Cases (Please specify): ARBITRATION (The effect of this certification is to remove the specific transport of the specific transport of the second of the specific transport of the second of the second of the second of the specific transport of the second of	7. Products Liability 8. Products Liability – Asbestos 9. All other Diversity Cases (Please specify): CERTIFICATION we the case from eligibility for arbitration.) ntiff, do hereby certify: owledge and belief, the damages recoverable in this civil action case Pro Se Plaintiff Attorney I.D. # (if applicable)

Case 3:19-cv-00074-KRG-KAP Document 2 Filed 05/06/19 Page 3 of 24

S
EDPa. AO Pro Se 14 (Rev. 04/18) Complaint for Violation of Civil Rights

UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

19

1975

Plaintiff(s)

Plaintiff(s)

Plaintiff(s)

Plaintiff(s)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above; please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

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Shawn (

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Zein / Amiyo, Zee Age Tony A OSMAN

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

The Clerk will not file a civil complaint unless the person seeking relief pays the entire filing fee (currently \$3.0) and an administrative fee (currently \$50) in advance, or the person applies for and is granted in forma pauperis status pursuant to 28 U.S.C. § 1915. A prisoner who seeks to proceed in forma pauperis must submit to the Clerk (1) a completed affidavit of poverty and (2) a copy of the trust fund account statement for the prisoner for the six month period immediately preceding the filing of the complaint, obtained from and certified as correct by the appropriate official of each prison at which the prisoner is or was confined for the preceding six months. See 28 U.S.C. § 1915(a)(2).

If the Judge enters an order granting a prisoner's application to proceed in forma pauperis, then the order will assess the filing fee (currently \$350) against the prisoner and collect the fee by directing the agency having custody of the prisoner to deduct an initial partial filing fee equal to 20% of the reater of the average monthly deposits to the prison account or the average monthly balance in the prison account for the six-month period immediately preceding the filing of the complaint, as well as monthly installment payments equal to 20% of the preceding month's income credited to the account for preceding the filing of the complaint, as well as monthly installment payments equal to 20% of the preceding month's income credited to the account for preceding the filing of the complaint, as well as monthly installment payments equal to 20% of the preceding month's income credited to the account for preceding the filing fee has been paid. See 28 U.S.C. § 1915(b). A prisoner who is granted leave to proceed in forma pauperis is obligated to pay the entire filing fee regardless of the outcome of the proceeding, and is not entitled to the return of any payments made toward the fee.

Case 3:19-cv-00074-KRG-KAP Document 2 Filed 05/06/19 Page 4 of 24 Detandants 12 CONAICE TRAMP 2. Shawn Carter- JAJ-2 3, Beyonce Knowfes Carter Dee, Zeinstomigo SBARRER OBAMA "Christoper formal Belford porce Mccallary to other.

*KAANY CATHON DISNICK Judge DA laster POTTS. Common health of flows ylminia. CIATA Singer Kin Kardann West FURNICA framp C(O Demnque

		4 (Rev. 04/18) Complaint for Violation of Civil 1	Rights
E.D.Pa.			/ \
1.	A.	The Plaintiff(s) I Am W	hite female 43 years Old
		Provide the information below for needed. Name All other names by which you have been known: ID Number Current Institution Address	reach plaintiff named in the complaint. Attach additional pages if Lubra Cleft Chunt? Doulef # CR-34-19 Lubra Cleft CR-34-19 Lubra C
	В.	individual, a government agence	for each defendant named in the complaint, whether the defendant is an y, an organization, or a corporation. Make sure that the defendant(s) se contained in the above caption. For an individual defendant, include and check whether you are bringing this complaint against them in their capacity, or both. Attach additional pages if needed. A 19-249890 Constitute of the complaint whether the defendant is an organization, or a corporation. For an individual defendant, include an active of the complaint against them in their capacity or both. Attach additional pages if needed. A 19-249890 Constitute of the complaint against them in their capacity or complaint against them in their capacity. City State Zip Code
		Defendant No. 2 Name Job or Title (if known) Shield Number Employer Address	Complaint # Pd 19-29984 C PADDEC PAD

My Nome is Aburn Colette Schwartz, I'm white I was born white at Trans Jofferson hospital in south PhyadelPhiA, Donald Trans KidaAspel ne on February 27, 2019 At 18.30 pm pt Tre SACS Convient Store, he heist porice officer Chrispher forand astr Intent fresterent to kill me After F was have mil my property was Sholen. Focused of the Ft And was pit in te helfort BAzette PAper ulare per Accessed me de Marclarism, trest, relists Acrested and Danniel Jung me tred on are Cert amerey of one dunges. The Dentity attempted to talt me with sont SOTI'S And to Attack my Henrite

E.D.Pa.	AO Pro Se 14 (Rev. 04/18) Complaint for Violation of Civil Rights
. X1°	Defendant No. 3 Name 3 249 Job or Title (if known) Shield Number Employer Address City State Zip Code Individual capacity Defendant No. 3 Name Super Code To C
CAN CAN	Defendant No. 4 Name Job or Title (if known) Shield Number Employer Address Campant HA 29890 Address Campant HA 29890 Individual capacity Defendant No. 4 Name Campant Ane your Ane
П.	Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.
	A. Are you bringing suit against (check all that apply): Federal officials (a Bivens claim) State or local officials (a § 1983 claim)
	B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?
7.0	C. Plaintiffs suing under <i>Bivens</i> may only recover for the violation of certain constitutional rights. If you are suing under <i>Bivens</i> , what constitutional right(s) do you claim is/are being violated by federal officials? Page 3 of 11

Case 3:19-cv-00074-KRG-KAP Document 2 Filed 05/06/19 Page 8 of 24 Deterel ants Psychin hist Price Medical Department I would what held Immute Shaws Giner (noute Block GIR/ ZATichis. Clo miller Clo Prae C/O Zein Taniyu Go Shunn CAAL

E.D.Pa.	AO Pro Se 1	4 (Rev. 04/18) Complaint for Violation of Civil Rights
	TE	Following defendants An
IM	VO	VEIN KIGHTAN
	D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.
A	M	SCARED FOR MY LIFE
III.	Prison	er Status HIE HEIP MEPIEASE
	Indicat	te whether you are a prisoner or other confined person as follows (check all that apply):
	9	Pretrial detainee Ke'dnapped & (9644)
		Civilly committed detainee
		Immigration detainee
		Convicted and sentenced state prisoner
		Convicted and sentenced federal prisoner
		Other (explain)
IV.	Statem	ent of Claim
	alleged further any cas	briefly as possible the facts of your case. Describe how each defendant was personally involved in the wrongful action, along with the dates and locations of all relevant events. You may wish to include details such as the names of other persons involved in the events giving rise to your claims. Do not cite es or statutes. If more than one claim is asserted, number each claim and write a short and plain nt of each claim in a separate paragraph. Attach additional pages if needed.
	A.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.
7	N	Side SHGS Constraint STORG
1		LAS RAPE And KidOVAPPEL
	B.	If the events giving rise to your claim arose in an institution, describe where and when they arose.
	>101	11910 TOUMP, Kerused Fo
		FIME GO They boldin
11	and de	WELL WARRANT MILLO

TSOIA GIV aute que was Killey M Gov17#2 my Seron Killer besocler Amberos & Browell, And Hom Del Venn Dangui Gry mon to i bey Mores. Aroher Hamicale in coll Gulf West of white girl was Shot by Begne Corte sel Zeel, Al (MASKIN GIV) on outtle April 17,2019 tuns not in side this can & Mas in GUTA8 ON MARCH 1, 2019 Re Deatist gave me a for heer Antibotic And to Calme De Dartist attempted to low mes

E.D.Pa. AO Pro Se 14 (Rev. 04/18) Complaint for Violation of Civil Rights

	C.	What date and approximate time did the events giving rise to your claim(s) occur?
	- 4	1995 KICINAP FEB 27, 2019
		a, 10,30 pm Belford
NC	D.	What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)
	2	I freary from Soth projdet pour des
		I som ties at pony bead, I Come
	1	D Berthood County of bet 27, 2009 Deg
		Las fillasper have by govice
v.	Injurie	Durand trung ordered he lotice
		ustained injuries related to the events alleged above, describe your injuries and state what medical
	Da	i graj Log In son
		edical Come, Don m pouse
	1	
	The	Here MA PSYLLAR AND DAS
	MC	of crazy and he han are,
VI.	Relief	
	If reque	iefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. sting money damages, include the amounts of any actual damages and/or punitive damages claimed for alleged. Explain the basis for these claims.
1.	7	ASK for the coup to have me
	M	Tuxed And Charge he above
	1	in Charges of Kirlnow, AT De
	J	Ail They redused to protectimes

Case 3:19-cv-00074-KRG-KAP Document 2 Filed 05/06/19 Page 12 of 24

ON february 27, 2019 Durs Kirlmorp Rose Del Reponie Stole All My frosen and have not networks H. I have been Level uf De Beilbord Centy Jul, I Requestrees from fewders Court Put I book let 90 W Soon as possime Recese My life is in clarger Dans In a hersing doort arence Juse and number fittings In Sent Colles 2001 Deine Antrosi harler Brower any More please Less

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A.	Did your claim(s) arise while you we	ere confined in a jail	, prison, or other co	orrectional facilit	y?
	☐ Yes				
	No				
	If yes, name the jail, prison, or other events giving rise to your claim(s). The fall (attention) and the prison of the prison	TA	where you were co	onfined at the time of grade a	ne of the
В.	Does the jail, prison, or other correct	tional facility where	your claim(s) arose	e have a grievano	ee
	procedure?				
	Yes				
	☐ No				
	Do not know				
	Bo not know				
C.	Does the grievance procedure at the j cover some or all of your claims?	jail, prison, or other	correctional facility	y where your cla	im(s) arose
	☐ Yes				
	No				
	Do not know				
	If yes, which claim(s)?	n Hotel	1 By L	shite 1	ecapic
	And My do	not Co	norder		
	unite, to	Schm		Amily	Please
	1 Ma mi		·		V

ON APRIL 24, 2009, I was not toking to cent, Mon's your's And poice did not tooke me to Cont My Are Ferling Lies on men My mon Heen Song Summer Lead Alot of Murest and Grands m M Core Of the and 10512le te pritadel shot high Array. bring forth grant Atmbites M All profession, henry no one bering ne Nor dil Te Dulge Care tong b Osmon Do Perece de mi

E.D.Pa. AO Pro Se 14 (Rev. 04/18) Complaint for Violation of Civil Rights

D.	Did you file a grievance in the concerning the facts relating		rectional facility where your claim	(s) arose
	Yes			
	☐ No			
	If no, did you file a grievance other correctional facility?	e about the events describ	ed in this complaint at any other ja	il, prison, or
	Yes			
	No			
E.	If you did file a grievance:		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	1. Where did you file the g	rievance?	le grenore	c Jus
	- have	been (fr	le grenous	7
	Derover	toup &	it sonone	dit he
	2. What did you claim in y	our grievance?	^/.	``;
	At re	belfor	Canty Ja	il.
		<u> </u>		
	3. What was the result, if a	ny? No In	y has of	lan.
	Lies An	1 bein	total on	t me.
			ision? Is the grievance process co eal to the highest level of the griev	
	as one her	ip ne ho	L.	
	Lies pre	bon fo	old on ma	1

Case 3:19-cv-00074-KRG-KAP Document 2 Filed 05/06/19 Page 16 of 24 I reed truestiqueter to Come of hour of The let he Bed hard County Ver 428 (mteden Proest Seeltred posser (5522, I from Alette Schund do has tour he Awell from mont Alten Som Elmortz and Pord John Stort Let Schmik 13 4 cld on BAM 106 20,000 what Help Planse Lolpangyt at or This IAil. Den I'm ON me.

				9694
	F. If you	did not file a grievance:		GN##8
	1. If	there are any reasons why ye	ou did not file a grieva	nce, state them here:
	I LA	fred on	Coep (coep)	premis of he propries in cell
		you did not file a grievance hen and how, and their respo	•	icials of your claim, state who you informed,
	Dea	rased from	phad n	e prelomment
	bn_	fermy	27, 200	7
m.	Note: admin. Previous Laws The "three strik the filing fee if brought an actio malicious, or fa	You may attach as exhibits istrative remedies.) The seer rule bars a prisoner from that prisoner has "on three or on or appeal in a court of the	to this complaint any of the bringing a civil action or more prior occasions. United States that was the relief may be granted.	to the exhaustion of your administrative Bose My tree Locuments related to the exhaustion of your Locuments related to the exhaustion of your Locuments and Communication of your Locuments related to the exhaustion of your Locuments related
	To the best of y	our knowledge, have you ha	d a case dismissed base	ed on this "three strikes rule"?
	Yes			
	No			
	If yes, state whi	ich court dismissed your case		and attach a copy of the order if possible.

I Am in A MATE prison. I Am Berny ABroad Pen CM not Hush torret NO bester to drink. I was carrey A origin A prece of Ont sol clegrounds ps Aunite honor rechite Jeoble and not beep one un re whose propre pet sul to accept me as Bein unite, Nen hote men I hok to Bé remied at of This joil as span as possible, I had Cant of mores 27, 2019 wel Ne sulal action to see me April 24, 2015 my July Mahsul to see Me HAllens Are alternt to get Death Demond

E.D.Pa. AO Pro Se 14	(Rev. 04/18) Complaint for	Violation	of Civil Rights)
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A.	Have you filed other lawsuits in state or federal court dealing with the same facts invaction?	olved in this
	Yes	
	□ No	
B.	If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 more than one lawsuit, describe the additional lawsuits on another page, using the s	
	1. Parties to the previous lawsuit Plaintiff(s) Defendant(s) Defendant(s)	Hoffe Selv
	2. Court (if federal court, name the district; if state court, name the county and State Court (if federal court, name the district; if state court, name the county and State Court (if federal court, name the district; if state court, name the county and State Court (if federal court, name the district; if state court, name the county and State Court (if federal court, name the district; if state court, name the county and State Court (if federal court, name the district).	te)
	3. Docket or index number	
	4. Name of Judge assigned to your case Ony o Smar	; *** ****
	5. Approximate date of filing lawsuit	
	6. Is the case still pending? Yes	
	No	
	If no, give the approximate date of disposition.	
	7. What was the result of the case? (For example: Was the case dismissed? Was in your favor? Was the case appealed?)	iudgment entered
	WOING GET	-
C.	Have you filed other lawsuits in state or federal court otherwise relating to the conditional imprisonment?	tions of your

16 longer Famherum (ail Mengre I wont Donard Trap to get he clean paraty, I was in Suf # 8 And Renwed by he co porce; I had and Emergency I An Ben ABreed And mismutal phole ne habin Anen! I want to BC proment ON of Mis Anner

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.Pa. AO Pro	Se 14 (Rev. 04/18) Complaint for Violation of Civil Rights
	Yes
	☐ No
D.	If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1. Parties to the previous lawsuit Zein Tynny Plaintiff(s)
	Defendant(s) Daniel Court, name the county and State) Defendant(s) Daniel Court, name the county and State)
	Caleral Court
	3. Docket or index number
	3. Docket or index number MJ-57301-CR-600 -60034-201
	4. Name of Judge assigned to your case
	Brys Osmm.
	5. Approximate date of filing lawsuit 4-30-19
	6. Is the case still pending?
	Yes
	□ No
	If no, give the approximate date of disposition
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
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	All and Park I will
	A CONTRACTOR OF THE PROPERTY O

Case 3:19-cv-00074-KRG-KAP Document 2 Filed 05/06/19 Page 22 of 24 Nort Dun do not que Al Myller Shewers ON April 24, 2019 By Im MABUSCO Pease help one out this Cell " Reguestry to See de Cintabat De lintrost did out 5700 By W See one a Plane get me at mon towls

8. Any debts or financial obligations (describe the amounts owed and to whom they are payable): Any debts or financial obligations (describe the amounts owed and to whom they are payable): Any debts or financial obligations (describe the amounts owed and to whom they are payable): Application: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims. Applicative is signature Printed name 9. Certification of Prisoner's Institutional Account Balance: An authorized prison official must complete the certification below, and famish a certified copy of your institutional account statement showing all deposits, withdrawals, and balances for the prior six-month period, the prisoner's average monthly account at correctional institution, where he is presently confined. I further certify that the prisoner named herein has the sum of \$\frac{1}{2}\$ on account at correctional institution, where he is presently confined. I further certify that the prior six-month period, the prisoner's average monthly account balance was \$\frac{1}{2}\$ and that the average amount deposited monthly in the account during the prior six-month period was \$\frac{1}{2}\$ and that the average amount deposited monthly in the account during the prior six-month period was \$\frac{1}{2}\$ and that the average amount deposited monthly in the account during the prior six-month period was \$\frac{1}{2}\$ and that the average amount deposited monthly in the account during the prior six-month period was \$\frac{1}{2}\$ and that the average amount deposited monthly in the account during the prior six-month period was \$\frac{1}{2}\$ and that the average amount deposited monthly in the account during the prior six-month period was \$\frac{1}{2}\$ and that the average amount deposited monthly in the account during the prior six-month period was \$\frac{1}{2}\$ and that the average amount deposited monthly in the account during the prior six-month period was \$\frac{1}{2}\$ and that	7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:
Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims. Yelf G Dane 9. Certification of Prisoner's Institutional Account Balance: An authorized prison official must complete the certification below, and furnish a certified copy of your institutional account statement showing all deposits, withdrawals, and balances for the prior six-month period, to be filed with this application. See I certify that the prisoner named herein has the sum of \$	AN OF remove
false statement may result in a dismissal of my claims. Yeld G Date Quarter Subsup Applicanty's signature Applicanty's signature Libran Cathe Subsup A Printed name 9. Certification of Prisoner's Institutional Account Balance: An authorized prison official must complete the certification below, and furnish a certified copy of your institutional account statement showing all deposits, withdrawals, and balances for the prior six-month period, to be filed with this application. See I certify that the prisoner named herein has the sum of \$	8. Any debts or financial obligations (describe the amounts owed and to whom they are payable):
false statement may result in a dismissal of my claims. Yeld G Date Quarter Subsup Applicanty's signature Applicanty's signature Libran Cathe Subsup A Printed name 9. Certification of Prisoner's Institutional Account Balance: An authorized prison official must complete the certification below, and furnish a certified copy of your institutional account statement showing all deposits, withdrawals, and balances for the prior six-month period, to be filed with this application. See I certify that the prisoner named herein has the sum of \$	Mr Haleyy
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